

KANSAS STATE FIRE MARSHAL'S OFFICE

FIREWORKS OPERATOR LICENSE

(New Application)

FOR KSFM USE ONLY

Permit #

Date of issue:

Date of expiration:

COMPLETE IN FULL - PRINT CLEARLY

NAME:

Last First Middle

PHYSICAL ADDRESS:

City State ZIP

MAILING ADDRESS:

City State ZIP

REQUESTED EXAM DATE AND LOCATION:

CONTACT PHONE NUMBERS:

Home: ()

Daytime: ()

Mobile: ()

Email: _____ (required)

PERSONAL INFORMATION

Date of Birth (MM/DD/YY): ____/____/____ Social Security #: ____-____-____ Driver's License (ID) _____ State: _____

Current Age (in years) _____ Gender: Male ☐ Female ☐ Height: _____ Weight: _____ Eye Color: _____

Have you been convicted of a felony? No ☐ Yes ☐

Are you affiliated with any fireworks display business? No ☐ Yes ☐ Business Name: _____

Are you an employee of the state or any political taxing subdivision of the state and acting on their behalf? Yes ☐ (Documentation is required)

SHOOT VERIFICATION

Display Date _____ Display Location _____

Name of Licensed Operator _____

Signature of Licensed Operator _____

Operator License Number _____

Display Date _____ Display Location _____

Name of Licensed Operator _____

Signature of Licensed Operator _____

Operator License Number _____

Display Date _____ Display Location _____

Name of Licensed Operator _____

Signature of Licensed Operator _____

Operator License Number _____

Under the penalties imposed by K.S.A. 21-3805, I declare that I have examined this application and documents submitted in support thereof, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature _____ Date _____

RETURN COMPLETED APPLICATION AND PAYMENT INFORMATION TO THE KANSAS STATE FIRE MARSHAL'S OFFICE, ATTN: INVESTIGATION DIVISION, 700 SW JACKSON STREET, SUITE 600, TOPEKA, KANSAS 66603. FAX NUMBER (785) 368-6559